

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000057518

Entity Name: MY CHAIRLIFT LLC

Current Principal Place of Business:

5040 WILD SENNA BOULEVARD
TAMPA, FL 33619

Current Mailing Address:

5040 WILD SENNA BOULEVARD
TAMPA, FL 33619 US

FEI Number: 92-2247379

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZENBUSINESS INC.
336 E. COLLEGE AVE.
SUITE 301
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name COCHRAN, CHRIS
Address 5040 WILD SENNA BOULEVARD
City-State-Zip: TAMPA FL 33619

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRIS COCHRAN

MEMBER

02/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date